

10/582139  
JAP20 Rec'd PCT/PTO 08 JUN 2006

Application Data Sheet

**Application Information**

Application Type:: National Stage  
Subject Matter:: Utility  
Suggested Classification::  
Suggested Group Art Unit::  
CD-ROM or CD-R?:: None  
Number of CD disks::  
Number of Copies of CDs::  
Sequence Submission?:: None  
Computer Readable Form (CRF):: No  
Number of copies of CRF:: 0  
Title:: AN AUTOMATIC METHOD OF  
VERIFYING AT LEAST ONE  
CENTERING CHARACTERISTIC OF AN  
OPHTHALMIC LENS PROVIDED WITH  
MARKINGS  
Attorney Docket Number:: 0604-1012  
Request for Early No  
Publication?::  
Request for Non-Publication?:: No  
Suggested Drawing Figure:: 3  
Total Drawing Sheets:: 5  
Small Entity?:: No  
Latin Name::  
Variety Denomination Name::  
Petition Included?:: No  
Petition Type::  
Licensed US Gov't Agency::  
Contract or Grant Numbers::  
Secrecy Order in Parent No  
Appl.?::

**Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: FRANCE  
Status:: Full Capacity  
Given Name:: FABIEN  
Middle Name::  
Family Name:: DIVO  
Name Suffix::  
City of Residence:: CHARENTON  
State or Province of Residence::  
Country of Residence:: FRANCE  
Street of Mailing Address:: ESSILOR INTERNATIONAL  
Address:: 147 RUE DE PARIS  
City of Mailing Address:: CHARENTON  
State or Province of Mailing Address::  
Country of Mailing Address:: FRANCE  
Postal or Zip Code of Mailing Address:: 94227

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: FRANCE  
Status:: Full Capacity  
Given Name:: CÉDRIC  
Middle Name::  
Family Name:: LEMAIRE  
Name Suffix::  
City of Residence:: CHARENTON  
State or Province of Residence::  
Country of Residence:: FRANCE  
Street of Mailing Address:: ESSILOR INTERNATIONAL  
Address:: 147 RUE DE PARIS  
City of Mailing Address:: CHARENTON

State or Province of Mailing Address::

Country of Mailing Address:: FRANCE

Postal or Zip Code of Mailing Address:: 94227

**Correspondence Information**

Correspondence Customer 00466

Number::

**Representative Information**

Representative Customer	00466
Number::	

**Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	National Stage of	PCT/FR2004/002829	11/4/04

**Foreign Priority Information**

Country::	Application Number::	Filing Date::	Priority Claimed::
FRANCE	03 14464	12/10/03	Yes

**Assignment Information**

Assignee Name:: ESSILOIR INTERNATIONAL

Street of Mailing 147 RUE DE PARIS

Address::

City of Mailing Address:: CHARENTON-LE-PONT

State or Province of Mailing Address::

Country of Mailing Address:: FRAMCE

Postal or Zip Code of Mailing Address:: 94220